



Ames
Research
Center

CONTRACTOR MONTHLY ACCIDENT REPORT

Please return to Ames Safety, Health and Medical Services Office, M/S T-037

Contract code	FY NASA	Month reporting

1. Contract number _____
NAS

2. Company name _____

☐ Ames Moffett

☐ Ames Dryden

3. Contract monitor (NASA) _____ Extension _____ Mail stop _____

4. Average number of employees this month _____

5. Number of man hours worked this month _____

6. Number of injuries this month** _____

7. Number of lost time injuries this month** _____

8. Lost time days this month _____

Totals (NASA fiscal year)*

9. Total man hours worked year-to-date _____

10. Total lost time occurrences year-to-date _____

11. Total lost time days year-to-date _____

Prepared by: _____

Phone number: _____

Address or mail stop _____

* NASA fiscal year = October 1 – September 30

** Please attach NASA Form 1627 (Mishap Report) for any injuries requiring more than one first aid.